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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9904

|                             |                                       |              |                        |                                        |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------------|
| SERIAL NUMBER<br>09/682,238 | FILING DATE<br>08/08/2001<br><br>RULE | CLASS<br>600 | GROUP ART UNIT<br>3713 | ATTORNEY<br>DOCKET NO.<br>Gems0136/YOD |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------------|

## APPLICANTS

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 Francis W. Kasper, Milwaukee, WI;

## \*\* CONTINUING DATA \*\*\*\*\*

None cf 2/25/03

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None cf 2/25/03

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/15/2001

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> filed after<br>Allowance<br>Examiner's Signature | STATE OR<br>COUNTRY<br>WI | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>42 | INDEPENDENT<br>CLAIMS<br>4 |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|
|                                                                                          | Initials                                                                                                                                                                                                      |                           |                        |                       |                            |

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## TITLE

Platform independent telecollaboration medical environments

|                                |                                                                                                                   |                                                                                                                                                                                                      |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE<br>RECEIVED<br>1186 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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